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Hot Topics

CURRENT ISSUES FOR ARMY

LEADERS • SPRING 2000



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Suicide Prevention


"Could I have done more?"

STUDIES show the suicide rate tends to increase in the spring months. Therefore, the spring issue of *Hot Topics* is dedicated to suicide prevention. Suicide corrodes unit readiness, devastates troop morale, and causes profound and often lifelong suffering and guilt for the families, friends and leaders of the suicide victim. Commanders and leaders can help decrease the number of suicides by stressing suicide prevention. Ask yourself, "How would I feel if I lost one of my soldiers to suicide?"

MESSAGE FROM THE

Chief of Public Affairs

THIS issue of *Hot Topics* is intended to alert and educate commanders and leaders about the danger of suicide and to provide information about suicide prevention. We hope this timely information will provide a useful tool to help stop the preventable, needless tragedy of suicide among our soldiers. We welcome your feedback and suggestions for future issues of *Hot Topics*.



MG John G. Meyer Jr.
Chief of Public Affairs

Hot Topics

Hot Topics — *Current Issues for Army Leaders* is a U.S. Army publication produced by the Office of the Chief of Public Affairs. Its purpose is to guide and inform Army leaders and trainers in discussing current or controversial topics. A contract printer distributes *Hot Topics* as an insert to **Soldiers** magazine. *Hot Topics* is in the public domain and may be reproduced locally without obtaining further permission. Your comments and feedback are welcome. They tell us if we are reaching our intended audience and help us decide which topics to cover. Write to: *Hot Topics*, c/o **Soldiers** Magazine, 9325 Gunston Rd., Ste. S-108, Fort Belvoir, VA 22060-5581. Telephone: (703) 806-4486; FAX: (703) 806-4566; (DSN) 656. Send e-mail to: **soldiers@belvoir.army.mil**. You can obtain *Hot Topics* on the Internet: **www.army.mil** (click on Public Affairs, then click on the icon for **Soldiers**, then *Hot Topics*).

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Special thanks to:

LTC CLAUDE WOOD, MAJ MARY KRESGE,
CHAPLAIN (LTC) GLEN BLOOMSTORM

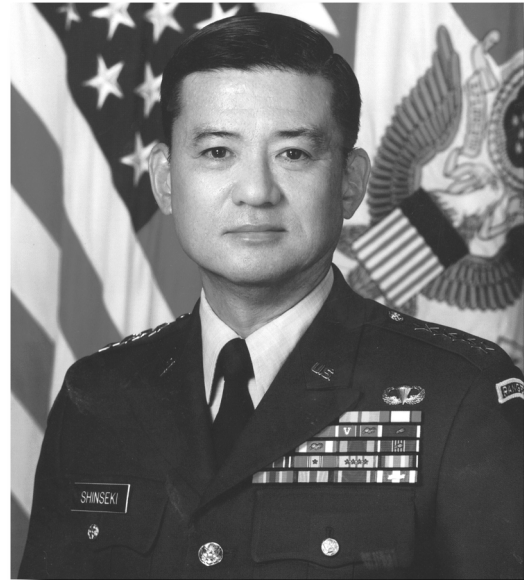
MESSAGE FROM THE ARMY CHIEF OF STAFF

Army Suicide-Prevention Program

WE have a serious problem with suicides in the Army. The Army's suicide rate increased in calendar year 1998, and it appears to have increased once again in calendar year 1999. In the first five days of January 2000 we had four suspected suicides. Suicide prevention is the business of commanders and leaders.

We must understand the potential for suicides and increase awareness for recognizing individuals who are at risk or exhibiting self-destructive behavior. It is our responsibility to help our soldiers and civilians understand how to identify at-risk individuals, recognize warning signs and know how to take direct action. Then we must act to provide immediate, active assistance and intervention.

Persons contemplating suicide are often incapable of reaching out for help. Providing that help is our responsibility. Commanders must exemplify, by personal example, the Army's existing policies and programs. Training is critical — suicide-prevention training must be conducted to standard and the status of training must be tracked during command



GEN Eric K. Shinseki

ARMY CHIEF OF STAFF

briefings. We are reviewing our suicide-prevention program in a commitment to having the best possible tools and resources available to you and your commanders. The key to suicide prevention rests with commander, leader and soldier involvement in caring for our suicide-prone individuals. I need your urgent attention to this matter. We must take better care of our people.

***It is our responsibility to help our soldiers
and civilians understand how to identify
at-risk individuals, recognize warning signs
and know how to take direct action.***

Army Suicide Statistics

Sixty-five soldiers are known to have killed themselves in 1999. There were 12 other deaths last year with as yet undetermined official causes; however, all of these deaths are suspected suicides. The Army suicide rate thus appears to have increased for the second consecutive year, with an estimated rate of 15.49 per 100,000 in 1999.

Some other alarming statistics for 1999 highlight the need to train all soldiers in suicide prevention. In the past, suicide-prevention training has been targeted at junior enlisted soldiers (18- to 25-year-olds). However, in 1999 the average age of soldiers committing suicide rose to 30.

Senior leaders may not recognize the need to attend suicide-awareness training, but in 1999 four field-grade Army officers committed suicide.

Senior NCOs in crisis were proportionally one of the Army's highest at-risk groups in 1999. They are 10 percent of the overall Army population but comprised 23 percent of the total suicides for 1999.

Taking a Proactive Approach

A proactive suicide-prevention program is fundamental to averting the needless tragedy of suicide in the Army. Suicide is preventable, and leaders must play an active and sensitive role in showing care and concern for their soldiers. Positive leadership, careful listening and deep concern for soldiers are key to suicide prevention. Know your soldiers and their concerns, and never hesitate to obtain professional help for a soldier in need.

We all experience periods of vulnerability in our lives. The key to preventing suicide in the unit is to respond quickly to any verbal, behavioral or situational clues. Soldiers need to be taught to take any suicidal statement by a fellow soldier seriously, and to inform the chain of command immediately.

Prevention efforts must also focus on the personal responsibility of commanders and leaders to care for the soldiers under their charge. Commanders and leaders must be aware of, and use, local assistance resources, including the training provided by chaplains and the help available from medical personnel.

Individuals who are in the best position to recognize a soldier's despair are often friends, close associates and first-line leaders. Jokes, threats or expressed desires about committing suicide should be taken seriously. Delays in intervention may result in a preventable suicide.

We are soldiers 24 hours a day, not just during the normal workday. Concern about the welfare of a fellow soldier and taking the proper action are the best possible defenses against suicide.

Commander's Checklist

- Practice proactive suicide prevention in your unit. Review your total program and ensure that you are properly using the tools available.
- Educate yourself about suicide. Know the warning signs of suicide and provide aid when you see them.
- Listen to soldiers in your unit when they tell you about themselves. Some may be at risk for suicide. The greatest risk factors are prior suicide attempts, unrecognized and therefore untreated mental disorders — particularly mood disorders such as depression — especially when accompanied by substance abuse.
- Examine your own attitudes about mental-health issues and ask yourself if you consciously or unconsciously attach a stigma to soldiers with emotional or psychological problems.
- Encourage help-seeking behavior among your soldiers.
- Encourage buddies to take care of buddies.

Can You Be an Effective Leader for Suicide Prevention?

Level with yourself.

Commanders must stress buddies helping buddies and must strongly promote and reward help-seeking behaviors in their soldiers. You might need to change your own attitudes. Ask yourself these questions:

- **Do I believe that people who admit they have emotional and psychological problems are weak or defective?**
- **Do I attach a stigma to and unconsciously penalize soldiers who acknowledge their negative feelings, admit difficulties, and seek help for relationship, emotional and psychological problems?**
- **Would I be embarrassed or afraid to seek help if I were experiencing relationship, emotional or psychological difficulties and were having suicidal thoughts?**

If you answered yes to these questions, you will not be effective in promoting suicide prevention in your unit. To be effective, you must be willing to stand before your soldiers and tell them with sincerity that it takes a strong, courageous person to admit to having emotional problems and seek help for suicidal feelings.

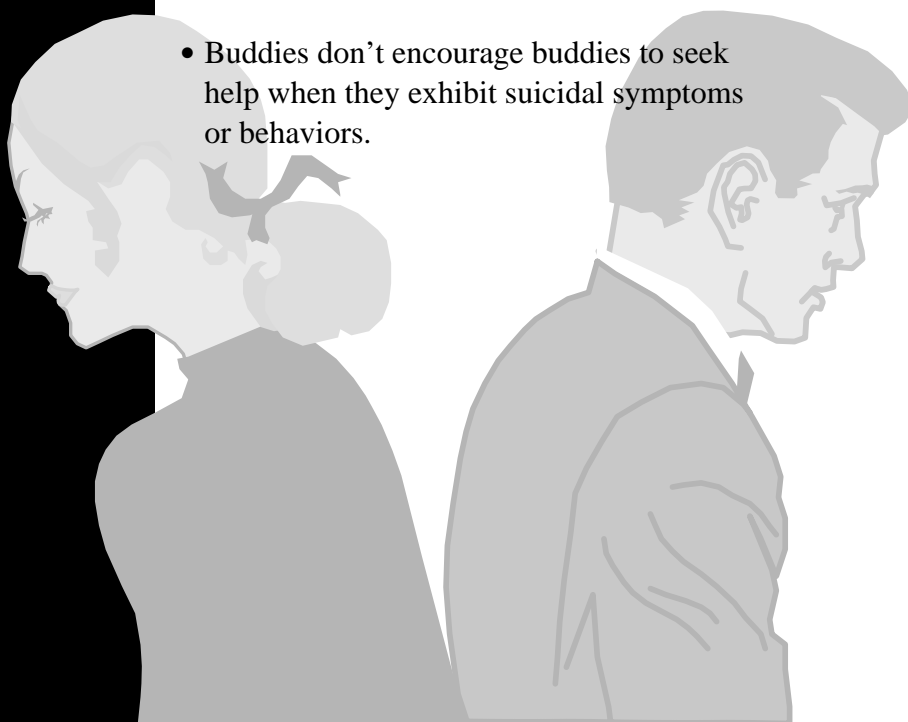
Prediction

Although there is no single factor to predict when a soldier will consider suicide, a review of past suicide cases in the Army provides some insight.

- Suicides occur most often when the individual is unsupervised, away from the workplace.
- Suicides are often preceded by deterioration in a significant personal relationship, such as a break-up or divorce.
- Suicide risk increases with any perceived personal failure, or pending military or civil legal proceedings.
- Many individuals who commit suicide abuse alcohol or drugs just prior to the act.
- Suicides are usually accomplished with a privately owned weapon.

Army Suicides Go UP in Number When:

- Leaders scapegoat, humiliate or ostracize certain members of a unit;
- Leaders don't have proactive suicide-prevention programs;
- Leaders don't know their soldiers well enough to be sensitive to their concerns and distress;
- Leaders don't know the warning signs of suicide and fail to identify soldiers who are at risk;
- Leaders overtly or subtly discourage help-seeking behaviors and stigmatize mental-health problems by disparaging or penalizing soldiers who seek counseling and treatment;
- Buddies don't encourage buddies to seek help when they exhibit suicidal symptoms or behaviors.



Army Suicides Go DOWN in Number When:

- Units foster cohesion and esprit de corps to make every member a part of the total team;
- Leaders have proactive suicide-prevention programs and stress suicide prevention regularly;
- Leaders know and teach their soldiers the warning signs for suicide and what to do if a buddy appears suicidal;
- Leaders identify soldiers who are at risk;
- Leaders encourage help-seeking behavior by emphasizing to all soldiers that it takes courage to admit problems and seek help;
- Leaders encourage buddies to take care of buddies.



Know The Risks

Soldiers are at increased risk for suicide when they:

- **Are suffering from depression and/or substance abuse;**
- **Have made previous suicide attempts;**
- **Have recently experienced a divorce or the break-up of a significant personal relationship; or**
- **Are in confinement or are awaiting legal proceedings.**



Is the Army's suicide rate greater than that of the general population?

The Army's suicide rate is less than that found in society for the at-risk age group.

How often should suicide-prevention training take place?

At a minimum, suicide-prevention training should occur at least annually, before and after deployments, and following a suicide in a unit.

What is the profile of the typical soldier committing suicide?

The typical soldier committing suicide is a young, white male with a rank of staff sergeant or below. However, in 1999 the suicide rate in the Army was highest among senior NCOs. If the suicide victim is an officer, he is typically a lieutenant or captain.

Are there suicides among women and minority soldiers?

There are suicides by female and minority soldiers, but the rates are much lower than for white males.

What is the most common method used by soldiers who commit suicide?

Self-inflicted gunshot wounds are the most common method of committing suicide, followed by hanging and carbon-monoxide poisoning.

... in 1999 the suicide rate in the Army was highest among senior NCOs. If the suicide victim is an officer, he is typically a lieutenant or captain.



and Answers

What is “suicide contagion?”

Suicide contagion means that a suicide occurs under the influence of another suicide. A soldier may observe a suicide first-hand or find out about a suicide in the media. To prevent suicide contagion, leaders and chaplains should use care to avoid either condemning or idealizing an act of suicide at soldiers’ memorial ceremonies and be sure that all remarks are balanced and include the tragedy of not seeking help. Some units have modified the standard ceremonies for suicides (such as limiting attendance).

What resources are available for suicide prevention?

Resources available to commanders and leaders are unit ministry teams, family service

centers, drug-and-alcohol advisors, substance-abuse rehabilitation programs, mental-health clinics and emergency-care centers. Trained professionals in these areas offer a variety of services and stand ready to assist.

Who is on a unit ministry team?

Unit ministry teams consist of a chaplain and a chaplain assistant and are found in every unit.

Who provides suicide-prevention training?

Community and unit mental-health professionals and chaplains are trained to provide thorough suicide-prevention education at the unit level.



References and Resources

AR 600-63, “Army Health Promotion,” Chapter 2, paragraph 2-8, and Chapter 5. Includes requirements for formal training in suicide-risk identification in all NCOES and officer/NCO professional-development classes.

DA Pam 600-24, “Suicide Prevention and Psychological Autopsy.” Governs the functions of the suicide-prevention task force.

DA Pam 600-70, “Guide to the Prevention of Suicide and Self-Destructive Behavior,” an on-line pamphlet.

Websites:

On the Office of the Deputy Chief of Staff for Personnel home page, the suicide prevention link is www.odcsper.army.mil/default.asp?pageid=66f.

The site provides information papers, hot links to regulations, a snapshot of Army suicide statistics, and the most recent chief of staff and vice chief of staff of the Army suicide-prevention messages.

For more information about Army suicide-prevention policies, contact MAJ Mary Kresge, suicide-prevention policy officer in the Office of the Deputy Chief of Staff for Personnel, at (DSN) 227-2448 or (703) 697-2448, or via e-mail to Mary.Kresge@hqda.army.mil.

For information on suicide-prevention training by Army chaplains and on how

to obtain additional information about suicide prevention, contact Chaplain (LTC) Glen L. Bloomstrom, family ministry officer in the Office of the Chief of Chaplains, at (DSN) 329-1182 or (703) 601-1182, or via e-mail at bloomgl@OCCH-UN.army.mil.

Effective training aides available for downloading are AID LIFE cards and a suicide-prevention brochure. These resources, developed by the U.S. Army Center for Health Promotion and Preventative Medicine (USA CHPPM), have a simple “What to do” outline for helping a suicidal person. To download the wallet-sized AID LIFE cards, go to <http://chppm-www.apgea.army.mil/dhpw/bhealth/suicidemain.htm>. For further information, contact Chaplain (LTC) Gregory Black at (410) 436-7001, or via e-mail at Gregory.Black@apg.amedd.army.mil.

Other Resources

American Foundation for Suicide Prevention; www.afsp.org. (888) 333-2377, toll free.

American Association of Suicidology; www.suicidology.org (excellent links) (202) 237-2280.

Suicide Awareness Voices of Education; www.save.org (much free information) (612) 946-7998.

SAVE has a toll-free suicide-prevention hotline at (888) SUICIDE [(888) 784-2433].

Encourage Soldiers To Get Help for Depression

Depression is a major cause of suicide. The diagnosis and treatment of depression and other psychiatric disorders associated with suicide require trained medical professionals. Education and prevention are the first steps to intervention but are not a substitute for medical diagnosis and treatment.

Commanders and other leaders must encourage soldiers to seek help and must refrain from stigmatizing soldiers who are receiving psychiatric evaluations and medical treatment for depression and other mental-health conditions.

Depression can result from neurochemical disorders in the brain. Some people are born with a vulnerability to depression, which can be triggered by a combination of physical, mental and environmental factors, including stress. However, depression may develop spontaneously, with no outward reason or triggering situation.

Symptoms of depression include:

- Persistent sad mood, tearfulness, crying;
- Confusion, apathy;
- Poor sleep patterns (too much, too little) and/or poor appetite patterns (eats too much, loses appetite);
- Expresses feelings of hopelessness or helplessness;
- Shows impaired judgement and thinking;
- Makes suicidal statements.

With assistance and proper treatment, 80 to 90 percent of people with depression can be helped.

Stress to Your Soldiers That:

- True friends do not ignore buddies who are having emotional problems;
- True friends do not try to bury the problem;
- True friends express concern;
- True friends intervene when necessary to help save a buddy's life.



Teach your soldiers what to do if another soldier exhibits one or more suicide warning signs.

These useful acronyms can help save lives:

Provide AID

Ask. Don't be afraid to ask the person, "Are you thinking about hurting yourself?"

Intervene. Tell the chain of command immediately.

Don't keep it a secret.

Think LIFE

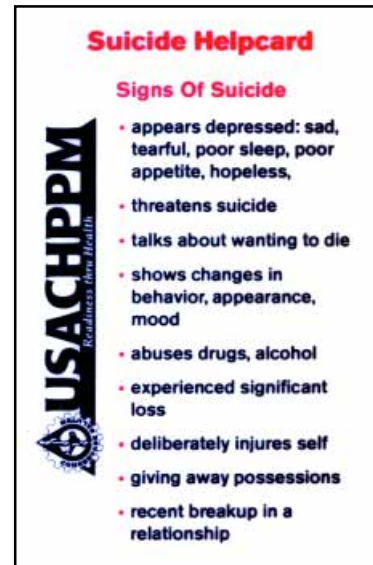
Locate help. Alert the staff duty officer, chaplain, doctor, nurse, friend, family, crisis line, or hospital emergency room.

Inform the chain of command.

Find someone to stay with the suicidal person. Don't leave the person alone.

Expedite efforts to get help at once. A suicidal person needs immediate attention.

**THE SAFETY OF ALL SOLDIERS
IS A COMMAND ISSUE.**



To download the wallet-sized AID LIFE cards, go to: <http://chppm-www.apgea.army.mil/dhpw/bhealth/suicidemain.htm>

